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APPLICANTS

Tuomo Syvanne, Vantaa, FINLAND; *CJB*

** CONTINUING DATA ***** *JB*

** FOREIGN APPLICATIONS ***** *JB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Verified and Acknowledged _____
 Examiner's Signature _____ Initials _____

ADDRESS
 909
 PILLSBURY WINTHROP SHAW PITTMAN, LLP
 P.O. BOX 10500
 MCLEAN, VA
 22102

TITLE
 Personal firewall with location detection

FILING FEE RECEIVED 1020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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